Attachment C. Child Use Area Study Access Agreement



The Tacoma-Pierce County Health Department (TPCHD) is seeking volunteers for **FREE soil sampling**. If you are a childcare provider and your property falls within the TPCHD's Child Use Area study boundary (please see enclosed map), you may be eligible for free soil sampling.

form in the stamped, self-addressed envelope provided.

Yes, please schedule me for FREE soil sampling

| Name of Child Care | Facilit | y: | | | | |
|--|--|---|---|---|---|--|
| Name of Contact Pe | rson: _ | | | | | |
| Street Address: | | | _City: | State: | Zip: | |
| Mailing Address | | | _City: | State: | Zip: | |
| Phone: Daytime: | | | _Evening: | | | |
| Best time to call: | | | | | | |
| Age of Childcare Fa | cility / | Home: | | | | |
| | □ Before 1900 □ 1920-1950 □ After 1970 | | | ☐ 1900-1920 ☐ 1950-1970 ☐ I don't know | | |
| Has the home or pro 30 years? For example If so, when? | , landsc | caping, rototilling | g or grading | g? | e soils in the past | |
| What type? | | | | | | |
| Does the property ha | ave an ı | underground spr | inkler syste | m? | | |
| If so, at what depth | is it bur | ied? | | | | |
| ☐ I would l | ike a co | opy of the results | s from samp | oles collected or | n my property. | |
| I am the operator of the Tacoma-Pierce Cosamples for the purpo and lead. I understand disclosure. I agree to hold harmle and representatives frotesting, evaluation, an | ounty He se of and that the ess the T om any | ealth Department to alyzing the soil to data collected from acoma-Pierce Cou and all liability ar | to enter the particle determine work on my proper unty Health lising directly | property and take whether it contain erty are subject to Department and i | multiple soil as deposits of arsenic o requests for public ats employees, agents | |
| Signature: | | | | Date: | | |
| | | | | | | |